



ST. LUCIE COUNTY BOARD OF COUNTY COMMISSIONERS

Equal Opportunity Employer

2300 Virginia Avenue Fort Pierce, FL 34982-5652

Telephone (561) 462-1546

APPLICATION FOR EMPLOYMENT

Date: _____ Position Applied For: _____

(PLEASE PRINT PLAINLY IN BLUE OR BLACK INK)

P E R S O N A L	Name _____ Last First Middle Initial
	Present address _____ No. Street City State Zip Social Security No. _____
	Home Phone _____ Telephone Nos. where you can be reached _____
	Would you work Full-Time _____ Part-Time _____
	Were you previously employed by us? _____ List any friends or relatives working for us _____ Name(s)
	Are you a U.S. Citizen? _____ If not, Alien Registration or Visa Classification Form No. _____
If your application is considered favorably, on what date will you be available for work? _____	

See attached resume: _____ YES _____ NO If, YES, fill out areas on application not included in resume. **THIS EMPLOYMENT APPLICATION MUST BE COMPLETELY FILLED OUT AND SIGNED TO COMPLETE RECRUITMENT PROCESS.**

List below all present and past employment, beginning with your most recent employment and describe all periods of employment including self-employment, unemployed periods and military service. Employment history must be complete. Use additional sheet if necessary.

I	Length of Employment From: Mo. Yr.	Firm Name	Mailing Address City and State		
	To: Mo. Yr.	Type of Business	Your Title	Name and Title of Immediate Supervisor	Phone No.
	Salary	DUTIES: Describe, in detail, the nature of the work personally performed by you.			
	Reason for Leaving				

II	Length of Employment From: Mo. Yr.	Firm Name	Mailing Address City and State		
	To: Mo. Yr.	Type of Business	Your Title	Name and Title of Immediate Supervisor	Phone No.
	Salary	DUTIES: See directions above.			
	Reason for Leaving				

III	Length of Employment From: Mo. Yr.	Firm Name	Mailing Address City and State		
	To: Mo. Yr.	Type of Business	Your Title	Name and Title of Immediate Supervisor	Phone No.
	Salary	DUTIES: See directions above.			
	Reason for Leaving				

R E C O R D O F E D U C A T I O N	SCHOOL	NAME/ADDRESS OF SCHOOL	COURSE OF STUDY	CHECK LAST YEAR COMPLETED				DID YOU GRADUATE?	LIST DIPLOMA OR DEGREE
	HIGH			1	2	3	4	[] YES [] NO	
	COLLEGE			1	2	3	4	[] YES [] NO	
	OTHER (SPECIFY)			1	2	3	4	[] YES [] NO	

You will be required to furnish copies of diplomas at time of employment.

Type(s) of computers(s) _____ Typing Speed _____ WPM _____ Steno Speed _____ WPM

Indicate any other experiences, skills or qualifications not mentioned in this application: _____

M I L I T A R Y	Were you in U.S. Armed Forces? Yes ___ No ___ If yes, what Branch? _____ Rank at Discharge _____
	Type of Discharge: _____ List duties in the service including special training _____
	Are you claiming Veteran's Preference? ___ Yes ___ No If you are claiming VETS Preference - A Copy of your DD214 <u>MUST</u> be attached
	Have you ever been employed by the State or a political subdivision of the State including municipalities? ___ Yes ___ No
	Date of Duty: <u>(include month, day and year)</u> From: _____ To: _____

L E G A L	Have you ever been convicted of or pled guilty, no contest or <i>nolo contendere</i> to, a crime? [] YES [] NO
	If yes, give details (date, place, offense(s), disposition, etc.) _____ _____ _____
	Have you ever been charged with a crime and either been placed on a court ordered probation, had adjudication withheld, or entered a pre-trial intervention program? [] YES [] NO
	If yes, give details (date, place, offense(s) charged, disposition, etc.) _____ _____ _____

APPLICANT DRIVING HISTORY: DIRECTIONS: Please print information EXACTLY as shown on driver's license.

A P P L I C A N T D R I V I N G R E C O R D	1. Driver's License No:	2. State in which issued?	3. Issue Date:	4. Type: <input type="checkbox"/> CDL <input type="checkbox"/> Operator
	5. Name and address if different from application:			
	6. If you have not held a Florida Driver's License for the past three years, please give the state in which it was issued.			
	7. Is your license currently valid? <input type="checkbox"/> YES <input type="checkbox"/> NO		8. Has your license expired? <input type="checkbox"/> YES <input type="checkbox"/> NO	
	9. Has your license(s) ever been suspended? <input type="checkbox"/> YES <input type="checkbox"/> NO If "YES", give complete details.		10. Has your license(s) ever been revoked? <input type="checkbox"/> YES <input type="checkbox"/> NO	
	11. List all traffic citations received within the last seven (7) years. For each offense, give date, description of offense, city and/or state in which offense occurred and disposition of case.			
12. Have you ever completed a Defensive Driving Course? <input type="checkbox"/> YES <input type="checkbox"/> NO Month/Day/Year _____ If "YES", give complete details:				

EMPLOYMENT APPLICATION CERTIFICATION

I hereby certify that all of the facts and information listed on this employment application are true and complete. I understand that any false, incomplete or misleading information given by me on this application is sufficient cause for rejection of this application. I also understand and agree that any such false, incomplete, or misleading information discovered on this application at any time after I am employed may result in my dismissal.

I hereby authorize the County to investigate all statements contained in this application, to interview the references and previous employers listed in this application, and to obtain a report from a consumer reporting agency to be used for employment purposes in accordance with Fair Credit Reporting Act. I authorize the references and previous employers listed to give the County all facts, opinions and evaluations concerning my previous employment and any other information they may have, personal or otherwise, and release all such parties from any liability which may allegedly arise from furnishing such information to the County, including, but not limited to, any liability for defamation or invasion of privacy.

If I am offered employment, I understand that such an offer will be conditioned upon satisfactory results of a background investigation and/or County medical examination or inquiry, including a drug screen test. If then employed, I understand that I will be required to serve a six (6) month training period. I further understand that my employment is at the discretion of the Board and compensation and employment can be terminated, with or without cause or notice, at any time, regardless of the successful completion of my training period, at the option of either the County or myself. I understand that no supervisor or other representative of the County other than the Board has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing.

I further understand and voluntarily agree as a condition of employment or my continued employment, that I may be requested by the County to submit to a urinalysis or other drug or alcohol screen test and that my failure to take such test(s) when requested to do so or unsatisfactory test results will disqualify me from consideration for employment, or if I am then employed, may result in my immediate dismissal.

I certify that I have read, understand and agree with the above.

Date

Signature of Applicant